

# ANNUAL STATEMENT

For the Year Ending December 31, 2005 OF THE CONDITION AND AFFAIRS OF THE

# **HEALTH RIGHT, INC.**

NAIC Group Code	0000	, 0000		ompany Code _	95787	Employer's ID Number	52-2011721		
	(Current Period)	(Prior Perio	od)						
Organized under the La	ws of	District of Columbia	, ,	State of Dom	icile or Port of Entry	District of	of Columbia		
Country of Domicile		Inited States of Amer	ica	_					
Licensed as business ty	•		•		Health M	Medical & Dental Service or Indemnity[ ] laintenance Organization[X]			
Incorporated/Organized		11/01/1996		Comm	enced Business	05/01/199	8		
Statutory Home Office				,		Washington, DC 20005			
Main Administrative Offi	ice	(Street and Nu	imber)	1101 1	4th Street	(City, or Town, State and Zip Cod	e)		
	Was	shington DC 20005		(Street a	nd Number)	(202)218-0373			
						(Area Code) (Telephone Num	iber)		
Mail Address				,		Washington, DC 20005	· .		
Primary Location of Boo	oks and Records	(Street and Number	or P.O. Box)	1101 14th	Street, N.W. Suite	(City, or Town, State and Zip Cod	e)		
,	-			(8	Street and Number)	(222)			
						(202)218-0373 (Area Code) (Telephone Num	ahor)		
Internet Website Addres	, ,,	, ,	ight-dc.com			(Alea Code) (Telephone Num	ibory		
Statutory Statement Co	ntact	Patrina Lou	ise Fowler			(202)218-0373-120			
	natrina fowle	,	,			(Area Code)(Telephone Number)(E (202)218-0381	Extension)		
	(E	<u> </u>				(Fax Number)			
Current Period   Chief Period   Chief Period									
	(Citv. or Tov	vn. State and Zip Code)				(Area Code) (Telephone Number)(I	Extension)		
		,	OFFIC	CFRS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
		All All	ncent Augustine Keane en A Goetcheus en A Goetcheus	Chairman Secretary Treasurer					
			ОТН	ERS					
			DIRECTORS O	R TRUST	EES				
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State of <u>Disti</u>									
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	(Signature)		(Signa	ature)		(Signature)			
				•		Allea A Goetcheu	JS		
	,		•	*		(Printed Name)			
						Treasurer (Title)			
	, ,		`	,		,			
	_	2006	b. If no, 1. State	the amendment	number	Yes[X] No[ ]	_		
			3. Numb	er of pages attac	ched		_ _		
(Notary P	Public Signature)								

# **ASSETS**

3. Mortgage loans on real estate (Schedule B): 3.1 First liers 3.2 Other than first liers 4. Real estate (Schedule A): 4.1 Properties Concipied by the company (less S. encurbriances) 4.2 Properties held for the production of income (less S. encurbriances) 5. Carls (I.S., 382-405 Schedule DR) 5. Carls (I.S., 382-405 Schedule DR) 6. Contract loans (including S. premium notes) 7. Other invested assets (Schedule DR) 8. Reacevables of securities 9. Aggregate write-ins for invested assets 9. Aggregate write-ins for invested assets (lines 1 to 9) 9. Aggregate write-ins for invested assets (lines 1 to 9) 11. Title plants isses S charged off (for Title insurers only) 12. Investment income due and acoused 13.1 Uncollected premiums and agents' belances in the course of collection 13.2 Deferred promiums, agents' belances and installments booled but deferred and not yet due (including \$ earned but unbilled premiums) 14.1 Amounts recoverable from reinsurers 14.2 Finish held by or deposited with reinsured companies 14.3 Other amounts receivable under reinsurance contracts 15. Amounts and considerations 16. Current federed and not yet due (including \$ earned but unbilled premiums) 17. Current federed and received sections and installments booled but deferred and not yet due (including \$ earned but unbilled premiums) 18. Electronic data processing equipment including health care delivery assets 19. Furniture and equipment including health care delivery assets 19. Furniture and equipment including health care delivery assets 19. Furniture and equipment including health care delivery assets 19. Furniture and equipment including health care delivery assets 19. Furniture and equipment including health care delivery assets 19. Furniture and equipment including health care delivery assets 19. Furniture and equipment including health care delivery assets 19. Furniture and equipment including health care delivery assets 19. Furniture and equipment including health care delivery assets 19. Furniture and equipment				0		D.: V
Net Admitted			4		1 2	Prior Year
Assets   Assets   Cols.1-2   Nat Admitted   Nat A			1	2		4
1. Bioris (Schedule D) 2.1 Proferred stocks 2.2 Common Stocks 3.1 First liens 3.2 Other than first liens 3.2 Other than first liens 4. Real estate (Schedule B); 3.1 First liens 3.2 Other than first liens 4. Real estate (Schedule B); 4.1 Proporties occupied by the company (less \$			Acceto		Assets	
2 Stocks (Schedule D) 2.1 Preferred stocks 2.2 Common Stocks 3. Mortgage loans or neal estate (Schedule B): 3.1 First liters 3.2 Other than first lines 4.1 Properties concupied by the company (less \$		D 1 (0 1 1 1 D)			, ,	
2.2 Common Stocks 2.2 Common Stocks 3.1 Mortgage loans on real estate (Schedule 5): 3.1 First items 3.2 Other than first liers 4. Real estate (Schedule A): 4.1 Propriete occupied by the company (less \$		,	2,774,375		2,774,375	2,485,165
2.2. Common Stocks 3. Mortgage libers on real estate (Schedule B): 3.1 First libras 3.2 Other than first libras 4.2 Properties coupied by the company (less \$	2.	Stocks (Schedule D)				
3. Mortgage loans on real estate (Schedule B): 3.1 First liers 3.2 Other than first liers 4. Real estate (Schedule A): 4. Properties bed for the production of income (less \$		2.1 Preferred stocks				
3.1 First liens 3.2 Other than first liens 4. Real estate (Schedule A): 4.1 Properties occupied by the company (less \$		2.2 Common Stocks				
3.2 Other than first liens 4. Real estate (Schedule A) 4.1 Proporties accupied by the company (less \$	3.	Mortgage loans on real estate (Schedule B):				
4. Real estate (Schedule A): 4.1 Properties notiopied by the company (less \$		3.1 First liens				
4. Real estate (Schedule A): 4.1 Properties notiopied by the company (less \$		3.2 Other than first liens				
4.1 Properties occupied by the company (less \$	1					
encumbrances) 4.2 Proparties held for the production of income (less \$	٦.					
4.2 Properties held for the production of income (less \$						
encumbrances) 4.3 Properties held for sale (less \$		•				
4.3 Properties held for sale (less \$						
5. Cash (\$		encumbrances)				
S1,678,107 Schedule E Part 2) and short-term investments (S		4.3 Properties held for sale (less \$ encumbrances)				
(\$	5.	Cash (\$3,982,405 Schedule E Part 1), cash equivalents				
(\$		(\$1.678.107 Schedule E Part 2) and short-term investments				
6. Contract loans (including \$		·	5 660 512		5 660 512	5 023 265
7. Other invested assets (Schedule BA) 8. Receivables for securities 9. Aggregate write-ins for invested assets 10. Subtotals, cash and invested assets (Lines 1 to 9) 11. Title plants less \$	6	,				
8. Receivables for securities 9. Aggregate write-ins for invested assets 9. Aggregate write-ins for invested assets 10. Subtotals, cash and invested assets (Lines 1b.9) 11. Trite plants less \$						
9. Aggregate write-ins for invested assets 10. Subtotals, cash and invested assets (Lines 1 to 9) 8,434,886 8,434,886 7,508,4 17. Title plants isse S charged off (for Title insurers only) 18. Investment income due and accrued 19. Premiums and considerations 19. 13. Uncollected premiums and agents' balances in the course of collection 19. Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$		,				
10. Subtotals, cash and invested assets (Lines 1 to 9) 8,434,886 8,434,886 7,568.4  11. Title plants less \$	8.	Receivables for securities				
11. Title plants less \$	9.	Aggregate write-ins for invested assets				
12. Investment income due and accrued 13. Premiums and considerations 13.1 Uncollected premiums and agents' balances in the course of collection 13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$	10.	Subtotals, cash and invested assets (Lines 1 to 9)	8,434,886		8,434,886	7,508,430
12. Investment income due and accrued 13. Premiums and considerations 13.1 Uncollected premiums and agents' balances in the course of collection 13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$	11.	Title plants less \$ charged off (for Title insurers only)				
13. Premiums and considerations  13.1 Uncollected premiums and agents' balances in the course of collection  13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$	12.	Investment income due and accrued				
13.1 Uncollected premiums and agents' balances in the course of collection 13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$						
collection  13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$	10.					
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$						
but deferred and not yet due (Including \$						
unbilled premiums)  13.3 Accrued retrospective premiums  14. Reinsurance:  14.1 Amounts recoverable from reinsurers  14.2 Funds held by or deposited with reinsured companies  14.3 Other amounts receivable under reinsurance contracts  15. Amounts receivable relating to uninsured plans  16.1 Current federal and foreign income tax recoverable and interest thereon  16.2 Net deferred tax asset  17. Guaranty funds receivable or on deposit  18. Electronic data processing equipment and software  19. Furniture and equipment, including health care delivery assets  (\$		•				
13.3 Accrued retrospective premiums  14. Reinsurance: 14.1 Amounts recoverable from reinsurers 14.2 Funds held by or deposited with reinsured companies 14.3 Other amounts receivable under reinsurance contracts  Amounts receivable relating to uninsured plans  16.1 Current federal and foreign income tax recoverable and interest thereon 16.2 Net deferred tax asset 17. Guaranty funds receivable or on deposit 18. Electronic data processing equipment and software 19. Furniture and equipment, including health care delivery assets (s) 16.0 Net adjustment in assets and liabilities due to foreign exchange rates 19. Receivables from parent, subsidiaries and affiliates 20. Net adjustment in assets and interest delivery assets 21. Receivables from parent, subsidiaries and affiliates 22. Health care (s) and other amounts receivable 23. Aggregate write-ins for other than invested assets 24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) 25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 26. Total (Lines 24 and 25) 27. Bernald Cell Accounts (Lines 10 to 23) 28. 8,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,466 38,697,4		but deferred and not yet due (Including \$ earned but				
14. Reinsurance:       14.1 Amounts recoverable from reinsurers         14.2 Funds held by or deposited with reinsured companies		unbilled premiums)				
14.1 Amounts recoverable from reinsurers  14.2 Funds held by or deposited with reinsured companies  14.3 Other amounts receivable under reinsurance contracts  15. Amounts receivable relating to uninsured plans  16.1 Current federal and foreign income tax recoverable and interest thereon  16.2 Net deferred tax asset  17. Guaranty funds receivable or on deposit  18. Electronic data processing equipment and software  19. Furniture and equipment, including health care delivery assets  (\$		13.3 Accrued retrospective premiums				
14.1 Amounts recoverable from reinsurers  14.2 Funds held by or deposited with reinsured companies  14.3 Other amounts receivable under reinsurance contracts  15. Amounts receivable relating to uninsured plans  16.1 Current federal and foreign income tax recoverable and interest thereon  16.2 Net deferred tax asset  17. Guaranty funds receivable or on deposit  18. Electronic data processing equipment and software  19. Furniture and equipment, including health care delivery assets  (\$	14.	Reinsurance:				
14.2 Funds held by or deposited with reinsured companies 14.3 Other amounts receivable under reinsurance contracts 15. Amounts receivable relating to uninsured plans 16.1 Current federal and foreign income tax recoverable and interest thereon 16.2 Net deferred tax asset 17. Guaranty funds receivable or on deposit 18. Electronic data processing equipment and software 19. Furniture and equipment, including health care delivery assets (\$	' ''					
14.3 Other amounts receivable under reinsurance contracts  15. Amounts receivable relating to uninsured plans  16.1 Current federal and foreign income tax recoverable and interest thereon  16.2 Net deferred tax asset  17. Guaranty funds receivable or on deposit  18. Electronic data processing equipment and software  19. Furniture and equipment, including health care delivery assets  (\$)  10. Net adjustment in assets and liabilities due to foreign exchange rates  21. Receivables from parent, subsidiaries and affiliates  22. Health care (\$) and other amounts receivable  23. Aggregate write-ins for other than invested assets  24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)  25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts  26. Total (Lines 24 and 25)  27. Total (Lines 24 and 25)  28. Total (Lines 27 and 25)  29. Total (Lines 29 of through 0903 plus 0998) (Line 9 above)  29. Total (Lines 0901 through 0903 plus 0998) (Line 9 above)  29. Total (Lines 0901 through 0903 plus 0998) (Line 9 above)						
15. Amounts receivable relating to uninsured plans 16.1 Current federal and foreign income tax recoverable and interest thereon 16.2 Net deferred tax asset 17. Guaranty funds receivable or on deposit 18. Electronic data processing equipment and software 19. Furniture and equipment, including health care delivery assets (\$						
16.1 Current federal and foreign income tax recoverable and interest thereon   16.2 Net deferred tax asset   4,929   4,929   17. Guaranty funds receivable or on deposit   4,929   4,929   17. Guaranty funds receivable or on deposit   18. Electronic data processing equipment and software   96,764   96,764   149,8   19. Furniture and equipment, including health care delivery assets (\$\(\sigma\)   160,886   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   160,886   183,8   160,886   183,8   160,886   160,886   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8   183,8						
16.2 Net deferred tax asset	15.	Amounts receivable relating to uninsured plans				
17. Guaranty funds receivable or on deposit  18. Electronic data processing equipment and software  19. Furniture and equipment, including health care delivery assets (\$	16.1	Current federal and foreign income tax recoverable and interest thereon $\hdots$				
18. Electronic data processing equipment and software       96,764       96,764       149,8         19. Furniture and equipment, including health care delivery assets	16.2	Net deferred tax asset	4,929		4,929	
18. Electronic data processing equipment and software       96,764       96,764       149,8         19. Furniture and equipment, including health care delivery assets	17.	Guaranty funds receivable or on deposit				
19. Furniture and equipment, including health care delivery assets (\$	18.					149.868
(\$) 160,886 183,8 20. Net adjustment in assets and liabilities due to foreign exchange rates 21. Receivables from parent, subsidiaries and affiliates 22. Health care (\$) and other amounts receivable 23. Aggregate write-ins for other than invested assets 24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) 8,697,466 8,697,466 7,842,11 25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 26. Total (Lines 24 and 25) 8,697,466 8,697,466 7,842,11  DETAILS OF WRITE-INS  0901 0902 0903 09098. Summary of remaining write-ins for Line 9 from overflow page 0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) 2301 2302						
20. Net adjustment in assets and liabilities due to foreign exchange rates 21. Receivables from parent, subsidiaries and affiliates 22. Health care (\$	13.		400,000		400,000	400.044
21. Receivables from parent, subsidiaries and affiliates 22. Health care (\$		,				
22.       Health care (\$) and other amounts receivable         23.       Aggregate write-ins for other than invested assets         24.       Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)       8,697,466       8,697,466       7,842,1         25.       From Separate Accounts, Segregated Accounts and Protected Cell Accounts       8,697,466       8,697,466       7,842,1         DETAILS OF WRITE-INS       0901         0902       0903         0998.       Summary of remaining write-ins for Line 9 from overflow page       0999.         0999.       TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)       2301         2301       2302						
23. Aggregate write-ins for other than invested assets 24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) 25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts 26. Total (Lines 24 and 25)  27. DETAILS OF WRITE-INS  28. OF WRITE-INS  29901  29902  29903  29998. Summary of remaining write-ins for Line 9 from overflow page  29999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)  2301  2302	21.	Receivables from parent, subsidiaries and affiliates				
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)       8,697,466       8,697,466       7,842,10         25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts       8,697,466       8,697,466       7,842,10         DETAILS OF WRITE-INS         0901       9002       9003         0998. Summary of remaining write-ins for Line 9 from overflow page       9999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)         2301       2302	22.	Health care (\$) and other amounts receivable				30
Protected Cell Accounts (Lines 10 to 23)	23.	Aggregate write-ins for other than invested assets				
Protected Cell Accounts (Lines 10 to 23)	24.	Total assets excluding Separate Accounts, Segregated Accounts and				
25. From Separate Accounts, Segregated Accounts and Protected Cell			8 697 466		8 697 466	7 842 169
Accounts  26. Total (Lines 24 and 25)  DETAILS OF WRITE-INS  0901  0902  0903  0998. Summary of remaining write-ins for Line 9 from overflow page  0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)  2301 2302	25	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
26. Total (Lines 24 and 25) 8,697,466 8,697,466 7,842,10  DETAILS OF WRITE-INS  0901 0902 0903 0998. Summary of remaining write-ins for Line 9 from overflow page 0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) 2301 2302	20.	· · · · · · · · · · · · · · · · · · ·				
DETAILS OF WRITE-INS  0901  0902  0903  0998. Summary of remaining write-ins for Line 9 from overflow page  0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)  2301 2302	00					
0901 0902 0903 0998. Summary of remaining write-ins for Line 9 from overflow page 0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) 2301 2302		· ·	J 8,697,466		J 8,697,466	/,842,169
0902 0903 0998. Summary of remaining write-ins for Line 9 from overflow page 0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) 2301 2302						
0903         0998. Summary of remaining write-ins for Line 9 from overflow page         0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)         2301         2302	1					
0998. Summary of remaining write-ins for Line 9 from overflow page						
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)  2301 2302	1					
2301						
2302						
	1					
	2303					
		Summary of remaining write-ins for Line 23 from overflow page		<u></u>	<u></u>	
0000 TOTALO (1: 0004 through 0000 thre 0000) (1: 00 throw)						

# LIABILITIES, CAPITAL AND SURPLUS

			Current Year		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
	laims unpaid (less \$ reinsurance ceded)				
	ccrued medical incentive pool and bonus amounts				
3. U	npaid claims adjustment expenses	110,000		110,000	113,000
4. A	ggregate health policy reserves				
5. A	ggregate life policy reserves				
6. Pr	roperty/casualty unearned premium reserves				
7. A	ggregate health claim reserves				
8. Pi	remiums received in advance				
9. G	eneral expenses due or accrued	196,313		196,313	461,604
10.1 C	urrent federal and foreign income tax payable and interest thereon (including				
	128,853 on realized capital gains (losses))	128,853		128,853	15,200
	et deferred tax liability				
	eded reinsurance premiums payable				
	mounts withheld or retained for the account of others				
	emittance and items not allocated				
	orrowed money (including \$ current) and interest thereon \$				
•	ncluding \$current)				
	mounts due to parent, subsidiaries and affiliates				
	ayable for securities				
17. Fu	unds held under reinsurance treaties with (\$ authorized reinsurers and				
\$.	unauthorized reinsurers)				
18. R	einsurance in unauthorized companies				
19. No	et adjustments in assets and liabilities due to foreign exchange rates				
20. Li	ability for amounts held under uninsured accident and health plans				
21. Aç	ggregate write-ins for other liabilities (including \$ current)				
22. To	otal liabilities (Lines 1 to 21)	3,616,286		3,616,286	3,460,667
23. Aç	ggregate write-ins for special surplus funds	X X X	X X X		
24. C	ommon capital stock	X X X	X X X	1,651,000	1,651,000
25. Pı	referred capital stock	X X X	X X X		
	iross paid in and contributed surplus				
	urplus notes				
	ggregate write-ins for other than special surplus funds				
	nassigned funds (surplus)				
	ess treasury stock, at cost:	XXX	XXX	4,700,175	4,000,000
	•	V V V	V V V	1 200 000	1 200 000
	0.1shares common (value included in Line 24 \$)				
	0.2 shares preferred (value included in Line 25 \$)				
	otal capital and surplus (Lines 23 to 29 minus Line 30)				
	otal Liabilities, capital and surplus (Lines 22 and 31)	X X X	X X X	8,697,465	7,842,620
	OF WRITE-INS				
2198. St	ummary of remaining write-ins for Line 21 from overflow page				
2199. TO	OTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)	Y Y Y	Y Y Y		
2398. St	ummary of remaining write-ins for Line 23 from overflow page	X X X	X X X		
	OTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
		X X X			
2898. St	ummary of remaining write-ins for Line 28 from overflow page	X X X			
2899. TO	OTALS (Lines 2801 through 2803 plus 2898) (Line 28 above)	X X X			

# **STATEMENT OF REVENUE AND EXPENSES**

		Currer	nt Year	Prior Year
		1	2	3
		Uncovered	Total	Total
1.	Member Months			
2.	Net premium income (including \$non-health premium income)			
3.	Change in unearned premium reserves and reserve for rate credits			
4.	Fee-for-service (net of \$ medical expenses)			
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X		
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	Total revenues (Lines 2 to 7)	X X X	31,849,764	27,126,526
Hospita	al and Medical:			
9.	Hospital/medical benefits		22,657,085	15,818,254
10.	Other professional services		400,210	997,992
11.	Outside referrals			
12.	Emergency room and out-of-area		234,000	2,135,586
13.	Prescription drugs		3,637,136	3,117,273
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)			
Less:	·			
17.	Net reinsurance recoveries			354,312
18.	Total hospital and medical (Lines 16 minus 17)			
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$ cost containment expenses			
21.	General administrative expenses			
22.	Increase in reserves for life and accident and health contracts (including \$ increase		0,001,070	
22.	in reserves for life only)			
23.	Total underwriting deductions (Lines 18 through 22)			
24.	Net underwriting gain or (loss) (Lines 8 minus 23)			
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26.	Net realized capital gains (losses) less capital gains tax of \$			
27.	Net investment gains (losses) (Lines 25 plus 26)			67,197
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			
	\$) (amount charged off \$)]			
29.	Aggregate write-ins for other income or expenses			
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24			
	plus 27 plus 28 plus 29)			
31.	Federal and foreign income taxes incurred			
32.	Net income (loss) (Lines 30 minus 31)	X X X	694,560	707,886
	0	X X X		
0602.				
0603 0698.	Summary of remaining write-ins for Line 6 from overflow page			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)			
0701				
0702 0703				
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)			
1401 1402				
1403				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499. 2901	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2902				
2903 2998.	Summary of remaining write inc for Line 20 from everflow page			
2998. 2999.	Summary of remaining write-ins for Line 29 from overflow page			

# **STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	4,381,953	3,923,357
GAINS	AND LOSSES TO CAPITAL & SURPLUS		
34.	Net income or (loss) from Line 32	694,560	707,886
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets		
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		(1,300,000)
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in		1,300,710
	45.2 Transferred to capital (Stock Dividend)		(250,000)
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)	694,560	458,596
	Capital and surplus end of reporting year (Line 33 plus 48)	5,076,513	4,381,953
4701 4702			
4703 4798. 4799.	Summary of remaining write-ins for Line 47 from overflow page TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		

# **CASH FLOW**

	CASH FLOW		^
		1 Current Year	2 Prior Year
	Cash from Operations	34.73.74	
1.	Premiums collected net of reinsurance	31,849,764	27,126,526
2.	Net investment income		
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)		
5.	Benefit and loss related payments		
6.	Net transfers to Separate, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	3,954,571	4,428,668
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) \$net of tax on capital gains (losses)	(108,724)	500,922
10.	Total (Lines 5 through 9)	,	
11.	Net cash from operations (Line 4 minus 10)	1,611,012	1,130,563
	Cash from Investments		, ,
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)		
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	979.197	2.485.165
	13.2 Stocks	,	, ,
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)		
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		
10.	Cash from Financing and Miscellaneous Sources	(0.04, 00)	(2, 100, 100)
16.	Cash provided (applied):		
10.	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		(000,100)
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	637 247	(1.688.311)
19.	Cash, cash equivalents and short-term investments:		(1,000,011)
	19.1 Beginning of year	5 023 265	6 711 576
	19.2 End of year (Line 18 plus Line 19.1)		

Supplemental	Disclosures of	Cach Flow	Information for	or Non Cach	Transactions:
Supplemental	Disclusures of	Casii Fiuw	IIIIOHIIIAHOH K	UI NUH•GaSH	Hansachons.

# ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

(Gain and Loss Exhibit)

		1	2	3	4	5	6	7	8	9	10	11	12	13
			Comprehensive				Federal							
			(Hospital				Employee	Title	Title			Long-		
			&	Medicare	Dental	Vision	Health	XVIII-	XIX-	Stop	Disability	term	Other	Other
		Total	Medical)	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Health	Non-Health
1.	Net premium income	31,849,764							31,849,764					
2.	Change in unearned premium reserves and reserve for rate credit													
3.	Fee-for-service (net of \$ medical expenses)													l x x x
4	Risk revenue													X X X
5	Aggregate write-ins for other health care related revenues													XXX
6.	Aggregate write-ins for other non-health care related revenues		XXX	X X X	XXX	XXX	XXX	XXX	X X X	XXX	X X X	X X X	XXX	
7	Total revenues (Lines 1 to 6)	31,849,764							31.849.764					
8.	Hospital/medical benefits	22.657.085							22.657.085					X X X
9.	Other professional services	400,210							400.210					X X X
10.	Outside referrals								400,210					X X X
11.	Emergency room and out-of-area	234,000							234,000					X X X
12.	Prescription drugs	3,637,136							3.637.136					X X X
13.	Aggregate write-ins for other hospital and medical	3,037,130							1 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					XXX
14.	Incentive pool, withhold adjustments and bonus amounts													X X X
		26,928,431							26,928,431					X X X
15.	Subtotal (Lines 8 to 14)													
16.	Net reinsurance recoveries													X X X
17.	Total hospital and medical (Lines 15 minus 16)	26,928,431							26,928,431					X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$cost													
	containment expenses													
20.	General administrative expenses	3,954,076							3,954,076					
21.	Increase in reserves for accident and health contracts													X X X
22.	Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.	Total underwriting deductions (Lines 17 to 22)	30,882,507							30,882,507					
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	967,256							967,256					
DETA	ILS OF WRITE-INS													
0501														X X X
0502														X X X
0503														X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page													X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)													X X X
0601			X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602			X X X	X X X	X X X	X X X	X X X	X X X	x x x	X X X	X X X	X X X	x x x	
0603			X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698.	Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	XXX	X X X	X X X	X X X	X X X	X X X	
1301														X X X
1302														X X X
1303														XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page													X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)													XXX
1099.	TOTALS (Lines 1301 tillough 1303 plus 1390) (Line 13 above)													<b>^ ^ ^ </b>

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PART 1 - PREMIUMS

		1	2	3	4
					Net Premium
					Income
		Direct	Reinsurance	Reinsurance	(Columns
	Line of Business	Business	Assumed	Ceded	1 + 2 - 3)
1.	Comprehensive (hospital and medical)				
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employee Health Benefits Plan				
6.	Title XVIII - Medicare				
7.	Title XIX - Medicaid				
8.	Stop loss				
9.	Disability income				
10.	Long-term care				
11.	Other health				
12.	Health subtotal (Lines 1 through 11)	32,551,666		701,902	31,849,764
13.	Life				
14.	Property/casualty				
15.	TOTALS (Lines 12 to 14)			701,902	31,849,764

PART 2 - Claims Incurred During the Year

			PARI	2 - Claims	incurred D	uring the Y	ear						
	1	2	3	4	5	6 Federal	7	8	9	10	11	12	13
		Comprehensive (Hospital	Medicare	Dental	Vision	Employees Health	Title XVIII	Title XIX	Stop	Disability	Long-Term	Other	Other
	Total	& Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Loss	Income	Care	Health	Non-Health
Payments during the year:		,											
1.1 Direct	26,619,737							26,619,737					
1.2 Reinsurance assumed													
1.3 Reinsurance ceded													
1.4 Net	26,619,737							26,619,737					
. Paid medical incentive pools and bonuses													
Claim liability December 31, current year from Part 2A:													
3.1 Direct	3,179,557							3,179,557					
3.2 Reinsurance assumed													
								3,179,557					
Claim reserve December 31, current year from Part 2D:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
4.1 Direct													
4.2 Reinsurance assumed													
4.3 Reinsurance ceded													
4.4 Net													
. Accrued medical incentive pools and bonuses, current year													
Net healthcare receivables (a)													
Amounts recoverable from reinsurers December 31, current year													
Claim liability December 31, prior year from Part 2A:													
8.1 Direct	2,870,863							2,870,863					
								1 ' '					
	2,870,863							2,870,863					
	2,870,863							2,870,863					
. Claim reserve December 31, prior year from Part 2D:													
9.1 Direct													
9.2 Reinsurance assumed													
9.3 Reinsurance ceded													
9.4 Net													
D. Accrued medical incentive pools and bonuses, prior year													
1. Amounts recoverable from reinsurers December 31, prior year													
2. Incurred benefits:													
12.1 Direct	26,928,431							26,928,431					
12.2 Reinsurance assumed													
12.3 Reinsurance ceded													
12.4 Net	26,928,431							26,928,431					
Incurred medical incentive pools and bonuses													

<sup>(</sup>a) Excludes \$..... loans or advances to providers not yet expensed.

PART 2A - Claims Liability End of Current Year

	1	2	3	4	5	6	7	8	9	10	11	12	13
		Compre-				Federal							
		hensive				Employees	Title	Title					
		(Hospital	Medicare	Dental	Vision	Health	XVIII	XIX	Stop	Disability	Long-Term	Other	Other
	Total	& Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Loss	Income	Care	Health	Non-Health
Reported in Process of Adjustment:		,											
1.1 Direct	175,257							175,257					
1.2 Reinsurance assumed													
1.3 Reinsurance ceded													
1.4 Net	175,257							175,257					
2. Incurred but Unreported:													
2.1 Direct	3,005,863							3,005,863					
2.2 Reinsurance assumed													
2.3 Reinsurance ceded													
2.4 Net	3,005,863							3,005,863					
3. Amounts Withheld from Paid Claims and Capitations:													
3.1 Direct													
3.2 Reinsurance assumed													
3.3 Reinsurance ceded													
3.4 Net													
4. TOTALS													
4.1 Direct	3,181,120							3,181,120					
4.2 Reinsurance assumed													
4.3 Reinsurance ceded													
4.4 Net													

# UNDERWRITING AND INVESTMENT EXHIBIT PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

				Claim Reserv	ve and Claim	5	6
		Claims		Liability December 31			
		Paid Durin	g the Year	of Current Year			
		1	2	3	4		Estimated Claim
		On	On		On		Reserve and
	Line	Claims Incurred	Claims Incurred	On Claims Unpaid	Claims Incurred	Claims Incurred	Claim Liability
	of	Prior to January 1	During the	December 31 of	During the	in Prior Years	December 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1 + 3)	Prior Year
1.	Comprehensive (hospital and medical)  Medicare Supplement						
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Vision only Federal Employees Health Benefits Plan Title XVIII - Medicare						
6.	Title XVIII - Wedicale						
7.	Title XIX - Medicaid	2,736,051	23,882,118	1,569	3,179,557	2,737,620	2,870,863
8.	Other health						
9.	Other health Health subtotal (Lines 1 to 8)	2,736,051	23,882,118	1,569	3,179,557	2,737,620	2,870,863
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pool and bonus amounts						
13.	TOTALS (Lines 9 - 10 + 11 + 12)	2,736,051	23,882,118	1,569	3,179,557	2,737,620	2,870,863

<sup>(</sup>a) Excludes \$.....loans or advances to providers not yet expensed.

# PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

## **Grand Total**

## **Section A - Paid Health Claims**

	Occion // Tala noditi olaine										
		Cumulative Net Amounts Paid									
	Year in Which Losses	1	2	3	4	5					
	Were Incurred	2001	2002	2003	2004	2005					
1.	Prior	857									
2.	2001	9,587	2,087								
3.	2002	X X X	12,339	2,174							
4.	2003	X X X	X X X	17,228	2,367	242					
5.	2004	X X X	x x x	x x x	18,767	2,491					
6.	2005	x x x	x x x	x x x	x x x	23,882					

#### Section B - Incurred Health Claims

	Cootion	- incurred ric	aitii Olaliilo							
		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool								
	and Bonuses Outstanding at End of Year									
	Year in Which Losses 1 2 3 4 5									
	Were Incurred	2001	2002	2003	2004	2005				
1.	Prior	857								
2.	2001	9,587	2,087							
3.	2002	X X X	12,339	2,174						
4.	2003	X X X	X X X	17,228	2,290					
5.	2004	X X X	X X X	X X X	19,128	2,871				
6.	2005	X X X	X X X	X X X	X X X	27,057				

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1) Percent
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2001										
2.	2002										
3.	2003		242			242				242	
4.	2004		2,491			2,491				2,492	
5.	2005	32,551	23,813			23,813	73.155	3,179	110	27,102	83.259

# PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

## **Hospital and Medical**

## **Section A - Paid Health Claims**

	Oction / Land House										
	Cumulative Net Amounts Paid										
	Year in Which Losses	1	2	3	4	5					
	Were Incurred	2001	2002	2003	2004	2005					
1.	Prior										
2.	2001										
3.	2002	X X X									
4.	2003	X X X	X X X								
5.	2004	x x x	x x x	x x x							
6.	2005	x x x	x x x	x x x	x x x						

## **Section B - Incurred Health Claims**

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
and Bonuses Outstanding at End of Year									
	Year in Which Losses	1	2	3	4	5			
	Were Incurred	2001	2002	2003	2004	2005			
1.	Prior								
2.	2001								
3.	2002	X X X							
4.	2003	X X X	X X X						
5.	2004	X X X	X X X	X X X					
6.	2005	X X X	X X X	X X X	X X X				

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1) Percent
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2001										
2.	2002										
3.	2003										
4.	2004										
5.	2005										

# PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

## **Medicare Supplement**

## **Section A - Paid Health Claims**

	Oction 71 Tala manus										
			Cum	nulative Net Amounts	Paid						
	Year in Which Losses	1	2	3	4	5					
	Were Incurred	2001	2002	2003	2004	2005					
1.	Prior										
2.	2001										
3.	2002	X X X									
4.	2003	X X X	X X X								
5.	2004	x x x	x x x	x x x							
6.	2005	X X X	X X X	X X X	X X X						

## **Section B - Incurred Health Claims**

000	5 IIIOGIIOGIIO									
	Sum of Cumulati	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool								
		and Bonuses Outstanding at End of Year								
Year in Which Losses	1	2	3	4	5					
Were Incurred	2001	2002	2003	2004	2005					
1. Prior										
2. 2001										
3. 2002	X X X									
4. 2003	X X X	X X X								
5. 2004	X X X	X X X	X X X							
6. 2005	X X X	X X X	X X X	X X X						

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1) Percent
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2001										
2.	2002										
3.	2003										
4.	2004										
5.	2005										

# PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

## **Dental Only**

## **Section A - Paid Health Claims**

	Oction / Land House										
	Cumulative Net Amounts Paid										
	Year in Which Losses	1	2	3	4	5					
	Were Incurred	2001	2002	2003	2004	2005					
1.	Prior										
2.	2001										
3.	2002	X X X									
4.	2003	X X X	X X X								
5.	2004	x x x	x x x	x x x							
6.	2005	x x x	x x x	x x x	x x x						

#### Section B - Incurred Health Claims

	Oction E	, illouiled lie	aitii Olaliilo							
		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool								
			and Bonuses Outstanding at End of Year							
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2001	2002	2003	2004	2005				
1.	Prior									
2.	2001									
3.	2002	X X X								
4.	2003	X X X	X X X							
5.	2004	X X X	X X X	X X X						
6.	2005	X X X	X X X	X X X	X X X					

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2001										
2.	2002										
3.	2003										
4.	2004										
5.	2005										

# PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

## **Vision Only**

## **Section A - Paid Health Claims**

	O O O O O O O O O O O O O O O O O O O									
		Cumulative Net Amounts Paid								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2001	2002	2003	2004	2005				
1.	Prior									
2.	2001									
3.	2002	X X X								
4.	2003	X X X	X X X							
5.	2004	x x x	x x x	x x x						
6.	2005	x x x	x x x	x x x	x x x					

## **Section B - Incurred Health Claims**

	<b>D</b>								
	Sum of Cumulati	ve Net Amount Paid a	nd Claim Liability, Cla	im Reserve and Medi	cal Incentive Pool				
	and Bonuses Outstanding at End of Year								
Year in Which Losses	1	2	3	4	5				
Were Incurred	2001	2002	2003	2004	2005				
1. Prior									
2. 2001									
3. 2002	X X X								
4. 2003	X X X	X X X							
5. 2004	X X X	X X X	X X X						
6. 2005	X X X	X X X	X X X	X X X					

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1) Percent
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2001										
2.	2002										
3.	2003										
4.	2004										
5.	2005										

# PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

# Federal Employees Health Benefits Plan Premiums

## Section A - Paid Health Claims

	O O O O O O O O O O O O O O O O O O O									
		Cumulative Net Amounts Paid								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2001	2002	2003	2004	2005				
1.	Prior									
2.	2001									
3.	2002	X X X								
4.	2003	X X X	X X X							
5.	2004	x x x	x x x	x x x						
6.	2005	x x x	x x x	x x x	x x x					

## **Section B - Incurred Health Claims**

		Sum of Cumulativ	e Net Amount Paid a	nd Claim Liability, Cla	im Reserve and Medic	cal Incentive Pool				
		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2001	2002	2003	2004	2005				
1.	Prior									
2.	2001									
3.	2002	X X X								
4.	2003	X X X	X X X							
5.	2004	X X X	X X X	X X X						
6.	2005	X X X	X X X	X X X	X X X					

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2001										
2.	2002										
3.	2003										
4.	2004										
5.	2005										

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

## **Title XVIII - Medicare**

## Section A - Paid Health Claims

	Contain Tain I aid									
		Cumulative Net Amounts Paid								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2001	2002	2003	2004	2005				
1.	Prior									
2.	2001									
3.	2002	X X X								
4.	2003	X X X	X X X							
5.	2004	x x x	x x x	x x x						
6.	2005	X X X	X X X	X X X	X X X					

## **Section B - Incurred Health Claims**

		Sum of Cumulativ	ve Net Amount Paid a	nd Claim Liability, Cla	im Reserve and Medic	cal Incentive Pool				
		and Bonuses Outstanding at End of Year								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2001	2002	2003	2004	2005				
1.	Prior									
2.	2001									
3.	2002	X X X								
4.	2003	X X X	X X X							
5.	2004	X X X	X X X	X X X						
6.	2005	X X X	X X X	X X X	X X X					

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2001										
2.	2002										
3.	2003										
4.	2004										
5.	2005										

# PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

## Title XIX - Medicaid

## **Section A - Paid Health Claims**

	0001101	i / C. i. aia i ioai	ii Oidiiio						
		Cumulative Net Amounts Paid							
	Year in Which Losses	1	2	3	4	5			
	Were Incurred	2001	2002	2003	2004	2005			
1.	Prior	857							
2.	2001	9,587	2,087						
3.	2002	X X X	12,339	2,174					
4.	2003	X X X	X X X	17,228	2,367	242			
5.	2004	X X X	X X X	X X X	18,767	2,491			
6.	2005	X X X	X X X	x x x	X X X	23,882			

## **Section B - Incurred Health Claims**

		111041104110								
		Sum of Cumulativ	e Net Amount Paid a			cal Incentive Pool				
		and Bonuses Outstanding at End of Year								
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2001	2002	2003	2004	2005				
1.	Prior	857								
2.	2001	9,587	2,087							
3.	2002	X X X	12,339	2,174						
4.	2003	X X X	X X X	17,228	2,290					
5.	2004	X X X	X X X	X X X	19,128	2,871				
6.	2005	X X X	X X X	X X X	X X X	27,057				

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1) Percent
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2001										
2.	2002										
3.	2003		242			242				242	
4.	2004		2,491			2,491				2,492	
5.	2005	32,551	23,813			23,813	73.155	3,179	110	27,102	83.259

# PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

## Other

## **Section A - Paid Health Claims**

Total II and House										
			Cum	nulative Net Amounts	Paid					
	Year in Which Losses	1	2	3	4	5				
	Were Incurred	2001	2002	2003	2004	2005				
1.	Prior									
2.	2001									
3.	2002	X X X								
4.	2003	X X X	X X X							
5.	2004	x x x	x x x	x x x						
6.	2005	X X X	X X X	X X X	X X X					

## **Section B - Incurred Health Claims**

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year							
		and Bonuses Outstanding at End of Year							
	Year in Which Losses	1	2	3	4	5			
	Were Incurred	2001	2002	2003	2004	2005			
1.	Prior								
2.	2001								
3.	2002	X X X							
4.	2003	X X X	X X X						
5.	2004	X X X	X X X	X X X					
6.	2005	X X X	X X X	X X X	X X X				

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2001										
2.	2002										
3.	2003										
4.	2004										
5.	2005										

# UNDERWRITING AND INVESTMENT EXHIBIT PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

		1	2	3	4	5	6	7	8	9	10	11	12
			Compre-				Federal						
			hensive				Employees	Title	Title				
			(Hospital &	Medicare	Dental	Vision	Health	XVIII	XIX	Stop	Disability	Long-Term	
		Total	Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Loss	Income	Care	Other
					POLICY	RESERVE							
1.	Unearned premium reserves												
2.	Additional policy reserves (a)												
3.	Reserve for future contingent benefits												
4.	Reserve for rate credits or experience rating refunds (including												
	\$) for investment income												
5	Aggregate write-ins for other policy reserves												
6.	Totals (gross)												
7	, ,												
ν.	Totals (Net) (Page 3, Line 4)												
0.	Totals (Net) (Fage 3, Line 4)												
						RESERVE	I	I	T	T	1	T	
9.	Present value of amounts not yet due on claims												
10.	Reserve for future contingent benefits												
11.	Aggregate write-ins for other claim reserves												
12.	Totals (gross)												
13.	Reinsurance ceded												
14.	Totals (Net) (Page 3, Line 7)												
DETAI	LS OF WRITE-INS										•		
0501													
0502													
0503													
0598.													
0599.													
1101	` ' ' '												
1101													
1102													
1103													
1198.	, , ,												
1199.	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)												

<sup>(</sup>a) Includes \$..... premium deficiency reserve.

## PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustm	nent Expenses	es 3	4	5
		1	2			
		Cost	Other Claim	General		
		Containment	Adjustment	Administrative	Investment	
		Expenses	Expenses	Expenses	Expenses	Total
1.	Rent (\$ for occupancy of own building)					262,432
2.	Salaries, wages and other benefits					
3.	Commissions (less \$ ceded plus \$ assumed)					
4.	Legal fees and expenses					
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services					
7.	Traveling expenses					
8.	Marketing and advertising					
9.	Postage, express and telephone					
10.	Printing and office supplies					
11.	Occupancy, depreciation and amortization					
12.	Equipment			20 237		20 237
13.	Cost or depreciation of EDP equipment and software					
14.	Outsourced services including EDP, claims, and other services					
15.	Boards, bureaus and association fees			26 756		26.756
16.	Insurance, except on real estate					
17.	Collection and bank service charges					
18.						
19.	Group service and administration fees					
	Reimbursements by uninsured accident and health plans					
20. 21.	Reimbursements from fiscal intermediaries					
1	Real estate expenses					
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes					
	23.2 State premium taxes					
	23.3 Regulator authority licenses and fees					
	23.4 Payroll taxes					
	23.5 Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses					
26.	Total expenses incurred (Lines 1 to 25)					
27.	Less expenses unpaid December 31, current year					
28.	Add expenses unpaid December 31, prior year		113,000	359,971	101,633	574,604
29.	Amounts receivable relating to uninsured accident and health					
	plans, prior year					
30.	Amounts receivable relating to uninsured accident and health					
	plans, current year					
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus					
	30)		3,000	4,117,734	101,633	4,222,367
DETAI	LS OF WRITE-INS	<del></del>				
2501.	Trade Market License			100,000		100,000
2502.	Credentialing			2,265		2,265
2503.	Management Fees			360,000		360,000
2598.	Summary of remaining write-ins for Line 25 from overflow page			687,348		687,348
2599.	Totals (Lines 2501 through 2503 + 2598)(Line 25 above)			1,149,613		1,149,613

<sup>(</sup>a) Includes management fees of \$.......360,000 to affiliates and \$...... to non-affiliates.

# **EXHIBIT OF NET INVESTMENT INCOME**

	EXHIBIT OF RET INVESTMENT INCO	1	2
		Collected	Earned
		During Year	During Year
1.	U.S. Government bonds	(a)	
1.1	Bonds exempt from U.S. tax		
1.2	Other bonds (unaffiliated)		
1.3	Bonds of affiliates		
2.1	Preferred stocks (unaffiliated)	` '	
2.11	Preferred stocks of affiliates	` '	
2.2	Common stocks (unaffiliated)	\ <i>,</i>	
2.21	Common stocks of affiliates		
3.	Mortgage loans		
4.	Real estate	` '	
5.	Contract loans	· ·	
6.	Cash, cash equivalents and short-term investments		
7.	Derivative instruments	` '	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income		
11.	Investment expenses	•	
12.	Investment taxes, licenses and fees, excluding federal income taxes		1,
13.	Interest expense		
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		1 ''
16.	Total deductions (Lines 11 through 15)		
17.	Net Investment income (Line 10 minus Line 16)		
DETAIL	LS OF WRITE-INS		
0901			
0902			
0903			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)		
1501			
1502			
1503			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15, above)		
	des \$ accrual of discount less \$ amortization of premium and less \$ paid for		
(b) Inclu	des \$accrual of discount less \$amortization of premium and less \$paid for des \$accrual of discount less \$amortization of premium and less \$paid for a paid for the second secon	r accrued dividends	on purchases.
(d) Inclu	des \$ for company's occupancy of its own buildings; and excludes \$ interest on encu	mbrances.	i puicilases.
(e) Inclu	des \$ accrual of discount less \$ amortization of premium and less \$ paid for	r accrued interest or	n purchases.
(f) Inclu	des \$ accrual of discount less \$ amortization of premium.	!:	
seare	des \$investment expenses and \$investment taxes, licenses and fees, excluding fedegated and Separate Accounts.	erai income taxes, a	ui butable to
(h) Inclu	des \$ interest on surplus notes and \$ interest on capital notes.		
(i) Inclu	des \$ depreciation on real estate and \$ depreciation on other invested assets.		

**EXHIBIT OF CAPITAL GAINS (LOSSES)** 

	=======================================		100010		
		1	2	3	4
		Realized Gain		Increases	
		(Loss) on Sales	Other Realized	(Decreases) by	
		or Maturity	Adjustments	Adjustment	Total
1.	U.S. Government bonds	3,553			3,553
1.1	Bonds exempt from U.S. tax				
1.2	Other bonds (unaffiliated)				
1.3	Bonds of affiliates				
2.1	Preferred stocks (unaffiliated)				
2.11	Preferred stocks of affiliates				
2.2	Common stocks (unaffiliated)				
2.21	Common stocks of affiliates				
3.	Mortgage loans				
4.	Real estate				
5.	Contract loans				
6.	Cash, cash equivalents and short-term investments				
7.	Derivative instruments				
8.	Other invested assets				
9.	Aggregate write-ins for capital gains (losses)				
10.	Total capital gains (losses)	3,553			3,553
DETA	ILS OF WRITE-INS				
0901					
0902					
0903					
0998.	Summary of remaining write-ins for Line 9 from overflow page .				
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)				

STATEMENT AS OF **December 31, 2005** OF THE **HEALTH RIGHT, INC. EXHIBIT OF NONADMITTED ASSETS** 

	EXHIBIT OF NONADMITTED	HOOEIO		1
		1	2	3
		Current Year Total	Dries Vees Tetal	Change in Total
		Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)	Nonaumilleu Assets	Nonaumilled Assets	(COI. 2 - COI. 1)
2.	Stocks (Schedule D):			
۷.	2.1 Preferred stocks			
	2.2 Common stocks	1		
2	Mortgage loans on real estate (Schedule B):			
3.	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties occupied for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
	investments (Schedule DA)			
6.	Contract loans			
7.	Other invested assets (Schedule BA)			
8.	Receivables for securities			
9.	Aggregate write-ins for invested assets			
10.	Subtotals, cash and invested assets (Lines 1 to 9)			
11.	Title plants (for Title insurers only)			
12.	Invested income due and accrued			
13.	Premium and considerations:			
10.	13.1 Uncollected premiums and agents' balances in the course of collection			
	13.2 Deferred premiums, agents' balances and installments booked but deferred			
	and not yet due			
14.				
14.	Reinsurance: 14.1 Amounts recoverable from reinsurers			
	14.2 Funds held by or deposited with reinsured companies			
	14.3 Other amounts receivable under reinsurance contracts			
15.	Amounts receivable relating to uninsured plans			
16.1	Current federal and foreign income tax recoverable and interest thereon			
16.2	Net deferred tax asset			
17.	Guaranty funds receivable or on deposit			
18.	Electronic data processing equipment and software			
19.	Furniture and equipment, including health care delivery assets			
20.	Net adjustment in assets and liabilities due to foreign exchange rates			
21.	Receivable from parent, subsidiaries and affiliates			
22.	Health care and other amounts receivable			
23.	Aggregate write-ins for other than invested assets			
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell			
	Accounts (Lines 10 to 23)			
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26.	Total (Lines 24 and 25)			
	LS OF WRITE-INS	1		
0901	LO OF WRITE-ING			
0902				
0902				
0998.	Summary of remaining write-ins for Line 9 from overflow page			
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)			
2301				
2302				
2303				
2398.	Summary of remaining write-ins for Line 23 from overflow page			
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)			

# **EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

			Tota	I Members at Er	nd of		6
		1	2	3	4	5	Current Year
		Prior	First	Second	Third	Current	Member
	Source of Enrollment	Year	Quarter	Quarter	Quarter	Year	Months
1.	Health Maintenance Organizations	12,367	12,622	12,968	13,027	13,408	154,604
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL				13,027	13,408	154,604
DETAIL	LS OF WRITE-INS						
0601							
0602							
0603							
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

#### **HEALTH RIGHT, INC.**

#### NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS

#### **DECEMBER 31, 2005 AND 2004**

Note 1. **Organization and Nature of Operations** - Health Right, Inc. (HRI) was incorporated on November 1, 1996, under the applicable provisions of the District of Columbia's Business Corporation Act. HRI was organized to engage in the business of providing managed healthcare services under the laws of the District of Columbia and any other jurisdictions in which it shall qualify to do business as a managed care organization or similar healthcare entity.

Health Right, Inc. was awarded a contract to participate in the Medicaid Managed Care program by the District of Columbia effective April 1, 1998, and became licensed as a Health Maintenance Organization on April 15, 1998. Enrollment of managed care lives began May 1, 1998.

#### Note 2. Summary of Significant Accounting Policies

**Basis of Accounting** - The accompanying financial statements of Health Right, Inc. are presented on the basis of accounting practices prescribed or permitted by the District of Columbia's Department of Insurance, Securities and Banking (DISB).

As a component of its prescribed or permitted accounting practices, DISB has adopted The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual, version effective January 1, 2002 (NAIC SAP). DISB has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Specifically, contributions to the retirement plan accounts of nonvested employees, capitalization of property, equipment and leasehold improvements, and prepaid expenses that would require the recording of nonadmitted assets and presented as a reduction of surplus are required to be expensed when paid.

The basis of accounting practices prescribed or permitted by the DISB differs from accounting principles generally accepted in the United States of America by not permitting the following to be included as assets:

- Goodwill, costs of subscriber lists, patents, trade names, agreements not to compete, and other intangible assets.
- Notes or accounts receivable from or advances to officers, directors, or controlling stockholders or any receivables over 90 days due.
- Prepaid expenses and deferred costs other than the liquidation value of prepaid expenses.
- Notes or other evidence of indebtedness that are secured by mortgages or deeds of trust which are in default and beyond the period to cure such default.
- Net book value of equipment, furniture and leasehold improvements (except certain electronic data processing equipment and medical equipment).

#### **HEALTH RIGHT, INC.**

#### NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS

#### **DECEMBER 31, 2005 AND 2004**

#### Note 2. **Summary of Significant Accounting Policies** (Continued)

Cash and Cash Equivalents - HRI maintains a checking account, a money market account and a market index account at a financial institution. For financial statement purposes, the Company considers these accounts to be highly liquid investments that are readily convertible to cash, present insignificant risk of change in value because of changes in interest rates and are readily available for operations. As such, these accounts are classified as cash equivalents on the financial statements. At times balances in these accounts may exceed the Federal Deposit Insurance Corporation insured limit of \$100,000. Management does not consider this a significant concentration of credit risk.

**Use of Estimates** - The preparation of financial statements in conformity with statutory accounting practices and procedures requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**Premium Revenue** - Premium revenue is reported at established billing rates under an agreement with District of Columbia Medical Assistance Administration.

**Reinsurance Income** - Reinsurance income represents reimbursements from HRI's stop-loss insurer on individual claims in excess of Medicaid coverage limits. DISB requires the reimbursement to be reported as income rather than as a reduction of expense per NAIC SAP. Accordingly, the financial statements reflect reimbursements received and claims expenses without reduction of reinsurance reimbursements received.

**Income Taxes** - HRI prepares its income tax returns using the accrual method of accounting. The statutory basis of accounting prescribed or permitted by the District of Columbia's Department of Insurance, Securities and Banking and the National Association of Insurance Commissioners requires the recording or disclosure of deferred federal income taxes.

## Note 3. **Equipment and software** - Equipment and software consist of the following:

		Decemb	er 31	,
		 2005	2004	
EDP syste	em and software	\$ 159,312	\$	159,312
Outreach	van <u>194,983</u>	 191,834		
	Totals	\$ 354,295	\$	351,146
	Less, Accumulated depreciation	 96,644		17,437
Totals	<u>\$ 257,651</u>	\$ 333,709		

Depreciation expense was \$79,207 and \$17,437 for the years ended December 31, 2005 and 2004, respectively.

#### **HEALTH RIGHT, INC.**

#### NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS

#### **DECEMBER 31, 2005 AND 2004**

Note 4. **Income Taxes** - In accordance with the DISB's and NAIC's prescribed accounting practices and procedures, deferred tax assets and liabilities are required to be recognized in the financial statements. Because of timing differences related primarily to the non-capitalization of equipment purchases and the associated depreciation, prepaid expenses recorded as assets for tax purposes and expensed for books, and retirement plan contributions in excess of employee-vested amounts expensed for tax purposes and recorded as assets for books, HRI has accumulated a deferred tax benefit. The deferred tax benefit was \$4,929 and \$4,929 for 2005 and 2004, respectively.

The provisions for income tax consist of the following:

	 2005	2004		
Federal	\$ 343,984	\$	395,737	
State and local	 156,981		160,133	
Total income tax	\$ 500,965	\$	555,870	

#### Note 5. **Information Concerning Parent**

**Ownership** - Unity Health Care, Inc., who has rights to 97% of the organization, primarily owns HRI. The remaining 3% is owned by another entity.

Management and Administrative Services Agreement - On January 1, 2000, Health Right, Inc. entered into a management and administrative service agreement with Unity Health Care, Inc. (UHC) to provide monthly senior management support, payroll, financial and account services. This agreement also provides the services of Unity's Executive Director and Medical Director part-time, to function as the Chairman and Medical Director of Health Right, Inc. In accordance with the agreement, HRI shall reimburse UHC for total compensation equal to the time spent by designated UHC employees including salary and fringe benefits not to exceed 25% of the annual salary of the designated UHC employee. The agreement was automatically renewed on January 1, 2003 and will continue to renew on the anniversary date unless terminated by HRI. Expenses incurred under this agreement for both years ended December 31, 2005 and 2004 were \$360,000.

Note 6. **Defined Contribution Plan** - HRI sponsors a qualified defined contribution pension plan for the benefit of its employees. Contributions of 5% of each employee's compensation are made each year. HRI's contributions for the plan were \$57,711 and \$50,189 for the years ended December 31, 2005 and 2004, respectively.

#### **HEALTH RIGHT, INC.**

#### NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS

## **DECEMBER 31, 2005 AND 2004**

Note 7. **Capital and Surplus** - Capital and surplus as of December 31, 2005 and 2004 consists of:

Common Stock - no par or stated value; 1,000 shares authorized and issued,	2005	2004
369 shares outstanding Surplus	\$ 1,651,000 4,730,182	\$ 1,651,000 4,035,882
Cost of 631 shares of common stock held by the Company in treasury	(1,300,000)	(1,300,000)
TOTAL CAPITAL AND SURPLUS	<u>\$ 5,081,182</u>	<u>\$ 4,386,882</u>

Note 8. **Contingencies** - HRI is regulated by the District of Columbia Department of Insurance, Securities and Banking and is subject to audit by such agency. In the opinion of management, adequate provisions have been made in the accompanying financial statements for adjustments, if any, which may result from an audit.

Note 9. **Leases** - Health Right, Inc. entered into an office lease agreement commencing October 1, 2001 with an expiration date of September 30, 2011. The lease was amended in December 2005 for additional space, and the termination date was extended to July 31, 2013. The lease has an initial monthly payment approximating \$18,340 with an escalation of at least 2.5% per year. Rent expense incurred under the office lease for the years ended December 31, 2005 and 2004 was \$262,432 and \$251,165, respectively.

Future lease commitments under the agreement are estimated as follows:

	Years ending	
	December 31	
2006	\$	356,595
2007	372,952	
2008	382,257	
2009	391,820	
2010	400,985	
	2011 through 2013	1,007,863
Total	<u>\$ 2,912,472</u>	

#### **HEALTH RIGHT, INC.**

#### NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS

#### **DECEMBER 31, 2005 AND 2004**

Note 10. **Gain or Loss to the Reporting Entity From Uninsured Accident & Health Plans** Revenue from HRI's Medicaid contract for the years ended December 31, 2005 and 2004, consisted of \$32,551,666 and \$27,126,526, respectively, for medical and hospital related services and administrative expenses.

HRI has not adjusted revenue resulting from audit of receivables related to revenue recorded in the prior period.

Note 11. **Reinsurance** - Health Right, Inc. entered into a stop-loss insurance agreement with an insurance company to limit its losses on individual claims. Under the terms of this agreement, the insurance company will reimburse the HMO approximately 90% of the cost of each member's eligible annual hospital services and eligible medical services, in excess of \$100,000 per member, respectively; if services are performed on a "per diem" or approved fixed procedural fee hospital. In the event Health Right, Inc. ceases operations, plan benefits will continue for members until the end of the contract period for which premiums have been paid.

Stop-loss insurance premiums as of December 31, 2005 and 2004 were \$701,902 and \$651,572, respectively. Reinsurance recovery for the years ended December 31, 2005 and 2004 was \$0 and \$354,312, respectively.

- Note 12. **Change in Incurred Claims and Claim Adjustment Expenses** The incurred but not reported (IBNR) claims payable represents an estimated reserve for all unpaid medical claims as of December 31, 2005 and 2004 based on actuarial determinations. Differences between the amounts accrued and subsequent payouts are recorded in operations in the year the claims are paid.
- Note 13. **Minimum Net Worth** Under the laws of the District of Columbia, Health Right, Inc., operating as a health maintenance organization (HMO), is required to maintain a deposit of \$300,000 with the DISB as well as a minimum net worth as stipulated by the risk based capital analysis described in District of Columbia Code Section 35-412. For the years ending December 31, 2005 and 2004, HRI has met minimum net worth requirements. At December 31, 2005 and 2004, the balance of the deposit was \$300,871 and \$300,000, respectively and net worth was \$5,193,.00 and \$4,386,882.
- Note 14. **Managed Care Agreements** Health Right, Inc. has executed an agreement with Computer Science Corporation (CSC) to provide services such as claim processing, utilization reporting, customer service, and other operating services. Fees are paid directly to CSC and may vary based on per member per month charge.

#### **HEALTH RIGHT, INC.**

#### NOTES TO STATUTORY BASIS FINANCIAL STATEMENTS

#### **DECEMBER 31, 2005 AND 2004**

#### Note 14. Managed Care Agreements (Continued)

HRI entered into a trademark license agreement with The George Washington University (GWU) to use licensed trademarks and tradenames of GWU solely for the provision of health maintenance organization services for Medicaid enrollees in the District of Columbia and in connection with the use of the words "Medical Center." The terms of this agreement became effective January 1, 2001 and shall remain in effect until December 31, 2005 unless sooner terminated. A royalty fee in the amount of \$8,333 is paid to GWU on a monthly basis for the rights stated above. Royalty fees paid for the years ended December 31, 2005 and 2004 were \$100,000 and \$100,000, respectively.

Note 15. **Reconciliation to the Annual Statement** - In compliance with the laws and regulations of the District of Columbia, Health Right, Inc. is required to submit its annual statement to the District of Columbia's DISB on March 1, 2005. The audited statutory basis financial statements for the years ended December 31, 2005 and December 31, 2004 do not require any adjustments to reconcile to the annual statement that will be submitted to the District of Columbia's DISB.

# SUMMARY INVESTMENT SCHEDULE

OSIMINARY INVESTMENT OUT		I	oss	Admitted Assets as Reported		
			Investmen 1			al Statement
		Investment Categories	Amount	Percentage	Amount	Percentage
1.	Bonds					
		U.S. treasury securities	4,719	0.056	4,719	0.056
	1.2	U.S. government agency obligations (excluding mortgage-backed				
		securities):				
		1.21 Issued by U.S. government agencies				
	4.0	1.22 Issued by U.S. government sponsored agencies	2,774,375	32.892	2,774,375	32.892
	1.3	Foreign government (including Canada, excluding mortgage-backed				
		securities)				
	1.4	Securities issued by states, territories, and possessions and political subdivisions in the U.S.:				
		1.41 States, territories and possessions general obligations				
		1.42 Political subdivisions of states, territories and possessions and				
		political subdivisions general obligations				
		1.43 Revenue and assessment obligations				
		1.44 Industrial development and similar obligations				
	1.5	Mortgage-backed securities (includes residential and commercial MBS):				
		1.51 Pass-through securities:				
		1.511 Issued or Guaranteed by GNMA				
		1.512 Issued or Guaranteed by FNMA and FHLMC				
		1.513 All other				
		1.52 CMOs and REMICs:				
		1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA				
		1.522 Issued by non-U.S. Government issuers and collateralized by				
		mortgage-backed securities issued or guaranteed by agencies				
		shown in Line 1.521				
		1.523 All other				
2.	Other	debt and other fixed income securities (excluding short term):				
	2.1	Unaffiliated domestic securities (includes credit tenant loans rated by the				
		SVO)				
		Unaffiliated foreign securities				
	2.3	Affiliated securities				
3.	Equity	y interests:				
	3.1	Investments in mutual funds				
	3.2	Preferred stocks:				
		3.21 Affiliated				
		3.22 Unaffiliated				
	3.3	Publicly traded equity securities (excluding preferred stocks):				
		3.31 Affiliated				
		3.32 Unaffiliated				
	3.4	Other equity securities:				
		3.41 Affiliated				
		3.42 Unaffiliated				
	3.5	Other equity interests including tangible personal property under lease:				
		3.51 Affiliated				
		3.52 Unaffiliated				
4.	Mortg	age loans:				
	4.1	Construction and land development				
	4.2	Agricultural				
	4.3	Single family residential properties				
	4.4	Multifamily residential properties				
	4.5	Commercial loans				
	4.6	Mezzanine real estate loans				
5.	Real	estate investments:				
	5.1	Property occupied by company				
	5.2	Property held for production of income (including \$ of property				
		acquired in satisfaction of debt)				
	5.3	Property held for sale (including \$ property acquired in				
		satisfaction of debt)				
6.	Contra	act loans				
7.		ivables for securities				
8.	Cash,	, cash equivalents and short-term investments	5,655,793	67.052	5,655,793	67.052
9.	Other	invested assets				
10.		invested assets				
			, ,		, ,	

## GENERAL INTERROGATORIES

# **PART 1 - COMMON INTERROGATORIES**

	GENERAL				
	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such	Yes[X] No[]			
	regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?  Yes State Regulating?  Dist				
<ul> <li>2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?</li> <li>2.2 If yes, date of change: If not previously filed, furnish herewith a certified copy of the instrument as amended.</li> </ul>					
2.4		10/21/2002			
3.1 3.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity.	12/31/2003			
3.3	This date should be the date of the examined balance sheet and not the date the report was completed or released.  State as of what date the latest financial examination report became available to other states or the public from either the state of	12/31/2003			
	domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).	07/07/2004			
3.4	By what department or departments?  Department of Insurance and Securities Regulation				
	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business?	Yes[] No[X]			
	4.12 renewals?  During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:	Yes[] No[X]			
	4.21 sales of new business? 4.22 renewals?	Yes[] No[X] Yes[] No[X]			
5.1 5.2	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.	Yes[ ] No[X]			
	1 2 3	]			
	Name of Entity NAIC Company Code State of Domicile	_			
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable)				
6.2	suspended or revoked by any governmental entity during the reporting period? (You need not report an action either formal or informal, if a confidentiality clause is part of the agreement)  If we give full information:	Yes[] No[X]			

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]

7.2 If yes,
7.2.1 State the percentage of foreign control
7.2.2 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or

1.2.2 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or

1.2.2 State the nationality of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or

1.2.3 State the nationality of its manager or attorney-in-fact)

1 2 Nationality Type of Entity	, ,,	, , , , , , , ,		ŭ	,	
1 2						
1 2						
1 Z		4				
N C		1		2		
		Nationality		т с	Eller Control	

Nationality Type of Entity

Yes[] No[X] Yes[] No[X]

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

If response to 8.1 is yes, please identify the name of the bank holding company.

Is the company affiliated with one or more banks, thrifts or securities firms?

If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator. the affiliate's primary federal regulator.

ĺ	1	2	3	4	5	6	7
	Affiliate Name	Location (City, State)	FRB	occ	OTS	FDIC	SEC
			Yes[] No[X].	Yes[ ] No[X] .	Yes[] No[X].	Yes[] No[X].	Yes[] No[X].

- What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? Squire, Lemkin & O'Brien, LLP; 111 Rockville Pike Suite 475; Rockville, MD 20850
- 10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? Actuarial Health Solutions, LLC; 1721 Waterford Way; Maple Glen, PA 19002
- Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

  11.11 Name of real estate holding company

  11.12 Number of parcels involved

  11.13 Total book/adjusted carrying value

Yes[] No[X]

\$

11.2 If yes, provide explanation

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

12.3 Have there been any changes made to any of the trust indentures during the year?

12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?

# GENERAL INTERROGATORIES (Continued) BOARD OF DIRECTORS

13.	Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?					ctors or a subordinate committee	Yes[X] No[]
14.	Does the reportithereof?	ng entity keep a complete permanent record	of the procee	edings of	its Board of Directors	and all subordinate committees	Yes[X] No[ ]
15.	Has the reporting the part of any consuct person?	g entity an established procedure for disclos of its officers, directors, trustees or responsib	ure to its boa le employees	rd of dire that is i	ectors or trustees of ar n conflict or is likely to	ny material interest or affiliation on oconflict with the official duties of	Yes[X] No[]
				INAN			
16.1	16.11 To direct	aned during the year (inclusive of Separate a ors or other officers	Accounts, ex	clusive o	f policy loans):		<b>\$</b>
40.0	16.13 Trustees	holders not officers , supreme or grand (Fraternal only)	-		and a final factor		\$ \$
16.2	16.21 To direct	f loans outstanding at end of year (inclusive or other officers	of Separate <i>F</i>	Accounts	, exclusive of policy lo	ans):	<b>\$</b>
		holders not officers , supreme or grand (Fraternal only)					\$ \$
17.1	Were any asser	ts reported in this statement subject to a con preported in the statement?	tractual obliga	ation to t	ransfer to another par	ty without the liability for such	Yes[ ] No[X]
17.2	If yes, state the 17.21 Rented fi	amount thereof at December 31 of the curre	ent year:				\$
	17.22 Borrowed 17.23 Leased f	d from others					\$ \$
	17.24 Other						\$
	guaranty assoc	ment include payments for assessments as o iation assessments?	described in t	he Annua	al Statement Instruction	ons other than guaranty fund or	Yes[ ] No[X]
18.2	If answer is yes 18.21 Amount	paid as losses or risk adjustment					\$
	18.22 Amount p 18.23 Other am	paid as expenses nounts paid					\$ \$
19.1	Does the report	ing entity report any amounts due from pare	nt, subsidiarie	es or affil	iates on Page 2 of this	s statement?	Yes[] No[X]
19.2	If yes, indicate	any amounts receivable from parent included	. •				\$
20.1	Were all the sto	ocks, bonds and other securities owned Dece			MENT ear, over which the rec	porting entity has exclusive control, in	
	the actual poss	ession of the reporting entity on said date, ex nd complete information, relating thereto:	xcept as show	vn by Sc	hedule E - Part 3 - Sp	ecial Deposits?	Yes[X] No[]
	Were any of the	e stocks, bonds or other assets of the reporting	ng entity own	ed at De	cember 31 of the curr	ent year not exclusively under the	
	control of the re assets subject t	porting entity, except as shown on Schedule to a put option contract that is currently in for	e E - Part 3 - 9 ce? (Exclude	Special D	Deposits, or has the re	porting entity sold or transferred any	Yes[ ] No[X]
21.2	21.21 Loaned t		ent year:				\$
	21.23 Subject t	o repurchase agreements o reverse repurchase agreements					\$ \$
	21.25 Subject t	o dollar repurchase agreements o reverse dollar repurchase agreements					\$. \$.
	21.26 Pledged 21.27 Placed u	as collateral nder option agreements ock or securities restricted as to sale					\$. \$.
04.0	21.29 Other						\$. \$
21.3	For category (2	1.28) provide the following:					
		1				2	3
		Nature of Restriction			De	escription	Amount
22.1 22.2	Does the report	ing entity have any hedging transactions rep mprehensive description of the hedging prog	orted on Schoram been ma	edule DB	? able to the domiciliary	state?	Yes[ ] No[X] Yes[ ] No[ ] N/A[X]
	If no, attach a d	escription with this statement.					. 00[][]
	the issuer, conv	rred stocks or bonds owned as of December /ertible into equity?		rent yea	r mandatorily converti	ble into equity, or, at the option of	Yes[ ] No[X]
	•	amount thereof at December 31 of the curre	•				\$
24.	deposit boxes.	s in Schedule E, real estate, mortgage loans were all stocks, bonds and other securities,	owned through	ahout the	current year held pur	suant to a custodial agreement with	
	Financial Cond	k or trust company in accordance with Part 1 lition Examiners Handbook?					Yes[X] No[]
24.0	Ter agreemen	ts that comply with the requirements of the N	IAIC FINANCIA	ıı Conditi	on ∟xamıners Handbo	рок, complete the following:	
		1				2	
		Name of Custodian(s)			040 5:505 55 5:5	Custodian's Address	
	DISB				810 FIRST ST, NE V	VASHINGTON DC 20002	
24.0		nents that do not comply with the requiremen complete explanation:	ts of the NAI	C Financ	ial Condition Examine	rs Handbook, provide the name,	
		1			2	3	
		Name(s)		Locat	ion(s)	Complete Explanation(s)	

# **GENERAL INTERROGATORIES (Continued)**

24.04 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

24.05 Identify all investment advisers, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration		
Depository Number(s)	Name	Address
6271	Sun Trust Capital Markets	303 Peachtree Street, N.E., Mail Code 0669 Floor 36
		Atlanta, GA 30308

Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?
 If yes, complete the following schedule:

Yes[X] No[]

1	2	3
		Book/Adjusted
CUSIP#	Name of Mutual Fund	Carrying Value
784767634	STI Classic FD-Instl US Govt Sec Super Short FD In	4,719
25.2999 Total		4,719

25.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
		Amount of	
		Mutual Fund's	
		Book/Adjusted	
		Carrying Value	
Name of Mutual Fund	Name of Significant Holding	Attributable to	Date of
(from above table)	of the Mutual Fund	the Holding	Valuation
STI Classic FD-Instl US Govt Sec Super Short FD In			

Provide the following information for all short term and long term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value. 26.

		1	2	3
				Excess of
				Statement over
				Fair Value (-),
		Statement	Fair	or Fair Value over
		(Admitted) Value	Value	Statement (+)
26.1	Bonds	2,774,375	2,774,375	
26.2	Preferred stocks			
26.3	Totals	2,774,375	2,774,375	

26.4 Describe the sources of methods utilized in determining the fair values Market Value as per statement

27.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? 27.2 If no, list exceptions:

Yes[X] No[]

#### OTHER

\$.....19,725

28.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?
28.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1	2
Name	Amount Paid
Association ;for Community Affiliated Plan DC Association of Health Maintenance Organizations	0.000

29.1 Amount of payments for legal expenses, if any?

\$.....88,190

29.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
Feldesman, Tucker, Leifer, Fidell LLP	82,793

30.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

STATEMENT AS OF  $\boldsymbol{December\ 31,\ 2005}$  of the  $\boldsymbol{HEALTH\ RIGHT,\ INC.}$ 

GENERAL INTERROGATORIES (Continued)
30.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies officers or department of government during the period covered by this statement.

1	2
Name	Amount Paid

# **GENERAL INTERROGATORIES (Continued)**

# PART 2 - HEALTH INTERROGATORIES

1.1	Does the repor	ting entity	have a	ny direct Medicare Supplement Insurance in force? on U.S. business only:		\$	Yes[] No[X]
1.3	What portion of 1.31 Reason for	Item (1.2	2) is not	reported on the Medicare Supplement Insurance Experience Exhibit?			
1.4	Indicate amoun	it of earne	ed premi	um attributable to Canadian and/or Other Alien not included in Item (1.2) above.			
1.6	Individual polici	ies - Most	t current	three years:			
	1.62 Total incu	ırred clair	ms			\$	
	1.63 Number of All years prior t	o most cu	urrent th	ee years:			
	1.64 Total prei 1.65 Total incu	ırred clair	ns			\$	
	1.66 Number of Group policies	- Most cu	rrent thr	ee years:		\$	
	1.71 Total prei	mium earı	ned			\$ \$	
	1.73 Number of All years prior to			ee vears:		\$	
	1.74 Total prei	mium earı	ned			\$ \$	
	1.76 Number of					\$	
2.	Health Test						
					1		1
					1 Current Year	2 Prior Year	
		2.1		m Numerator		27,126,526	
		2.2		m Denominator m Ratio (2.1 / 2.2)			
		2.4	Reser	e Numerator			
		2.5 2.6		e Denominator			
		2.0	Reser	e Ratio (2.47 2.5)			
3.1	Has the reporting the earnings of	ng entity i	received	any endowment or gift from contracting hospitals, physicians, dentists, or others that is agre	ed will be returned when	, as and if	Yes[] No[X]
	If yes, give part		9 0	, , , , , , , , , , , , , , , , , , , ,			
	Have copies of the appropriate			ating the period and nature of hospitals', physicians', and dentists' care offered to subscriber $\alpha$	and departments been	filed with	Yes[X] No[ ]
4.2	If not previously	filed furr	nish her	with a copy(ies) of such agreement(s). Do these agreements include additional benefits offe	red?		Yes[] No[X]
		ting entity	have s	op-loss reinsurance?			Yes[X] No[]
5.3	If no, explain: Maximum retain	ned risk (	see inst	uctions):		•	400.000
	5.31 Compreh 5.32 Medical C	Only					190,000
	5.33 Medicare 5.34 Dental					Α	
	5.35 Other Lin 5.36 Other	nited Bene	efit Plan			\$ \$	
6.	Describe arrang	gement w	hich the	reporting entity may have to protect subscribers and their dependents against the risk of insi	olvency including hold ha		
	provisions, con	version police WITH	rivileges	with other carriers, agreements with providers to continue rendering services, and any other ALTHY FAMILIES CONTRACT MEDICAID ENROLLEES ARE HELD HARMLESS	agreements:		
				ts claim liability for provider services on a service data base?			Yes[X] No[]
	If no, give detail		oot up	3 Commission (1) Provider Commission (1) Commission			. 50[/]. 10[]
8.	Provide the foll	owing info	ormation	regarding participating providers: of reporting year			1 250
	8.2 Number of	providers	s at star	of reporting year			1,250 1,600
9.1	Does the repor	ting entity	have b	siness subject to premium rate guarantees?			Yes[] No[X]
9.2	If yes, direct pro 9.21 Business	with rate	guarant	ees between 15-36 months			9
			•	ees over 36 months			٠ ر
	2 If yes:	Ū	•	ncentive Pool, Withhold or Bonus Arrangements in its provider contracts?			Yes[] No[X]
	10.21 Maximu 10.22 Amoun	ım amour t actually	nt payab	e bonuses vear bonuses		\$ \$	
	10.23 Maximu 10.24 Amoun	ım amour	nt payab	e withholds		\$ \$	
11 1	1 Is the reportin	-				Ψ	
	11.12 A medi	cal Group	)/Staff M	del, sociation (IPA), or,			Yes[] No[X]
11 0	11.14 A Mixed	d Model (d	combina	tion of above)?			Yes[] No[X] Yes[X] No[]
11.2	3 If yes, show th	ne name o	of the st	Minimum Nét Worth Requirements? tte requiring such net worth.			Yes[X] No[ ]
11.4	District of Colu If yes, show the	ne amoun	t require	d		\$	
11.5	Is this amount If the amount	included is calcula	as part	of a contingency reserve in stockholder's equity? w the calculation.			Yes[] No[X]
	Risk Based Ca	apital					
12.	List service are	eas in whi	ich the r	eporting entity is licensed to operate:			
				1			
				Name of Service Area			
				District of Columbia			
				<del></del>			

# **FIVE-YEAR HISTORICAL DATA**

	1	2	3	4	5
	2005	2004	2003	2002	2001
BALANCE SHEET ITEMS (Pages 2 and 3)					
Total admitted assets (Page 2, Line 26)					
2. Total liabilities (Page 3, Line 22)					
3. Statutory surplus					
4. Total capital and surplus (Page 3, Line 31)	5,081,179	4,381,953	3,923,357	2,757,821	1,991,509
INCOME STATEMENT ITEMS (Page 4)					
5. Total revenues (Line 8)					
6. Total medical and hospital expenses (Line 18)					
7. Claims adjustment expenses (Line 20)					
8. Total administrative expenses (Line 21)	3,954,076	3,931,850	774,819	2,414,362	2,672,792
9. Net underwriting gain (loss) (Line 24)	967,256	1,051,910	2,062,815	1,497,881	1,337,179
10. Net investment gain (loss) (Line 27)	228,268	67,197	19,872	46,336	120,216
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	694,560	707,886	1,277,737	1,032,776	903,585
RISK-BASED CAPITAL ANALYSIS					
13. Total adjusted capital	5,081,179	4,381,953	3,923,357	2,757,821	1,991,509
14. Authorized control level risk-based capital	1,689,959	1,558,695	1,409,615	886,412	789,491
ENROLLMENT (Exhibit 1)					
15. Total members at end of period (Column 5, Line 7)	13,408	12,367	11,224	10,427	9,168
16. Total members months (Column 6, Line 7)	154,604	139,839	130,816	113,909	112,192
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5)x 100.0					
17. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
18. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .	85				
19. Cost containment expenses			X X X	X X X	X X X
20. Other claims adjustment expenses		2			
21. Total underwriting deductions (Line 23)	97	96	92	92	92
22. Total underwriting gain (loss) (Line 24)	3	4	8	8	8
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
23. Total claims incurred for prior years (Line 13, Column 5)	2,737,620	2,366,683	2,174,420	2,090,386	857,242
24. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	2,870,863	2,289,640	2,195,344	2,256,198	1,323,694
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
25. Affiliated bonds (Sch. D Summary, Line 25, Column 1)					
26. Affiliated preferred stocks (Sch. D Summary, Line 39, Column 1)					
27. Affiliated common stocks (Sch. D Summary, Line 53, Column 2)					
28. Affiliated short-term investments (subtotal included in Sch. DA, Part 2,					
Column 5, Line 11)					
29. Affiliated mortgage loans on real estate					
30. All other affiliated					
31. Total of above Lines 25 to 30					

# **SCHEDULE D - SUMMARY BY COUNTRY**

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Long-1 erm	POUC	is and Stocks OWNE	D December 3			
			1 Book/Adjusted	2	3	4 Par Value of
Description			Carrying Value	Fair Value	Actual Cost	Bonds
BONDS	1.	United States	2,774,375	2,774,375	2,779,807	2,800,000
Governments (Including all obligations	2.	Canada				
guaranteed by governments)	3.	Other Countries				
	4.	Totals	2,774,375	2,774,375	2,779,807	2,800,000
	5.	United States				
States, Territories and Possessions	6.	Canada				
(Direct and Guaranteed)	7.	Other Countries				
,	8.	Totals				
Political Subdivisions of States,	9.	United States				
Territories and Possessions	10.	Canada				
(Direct and Guaranteed)	11.	Other Countries				
(2.100t and oddiantood)	12.	Totals				
Special revenue and special assessment obligations	13.	United States				
and all non-guaranteed obligations of agencies and	14.	Canada				
authorities of governments and their political	15.	Other Countries				
subdivisions	16.					
SUDDIVISIONS	_	Totals				
D. LE. LIEPE.	17.	United States				
Public Utilities	18.	Canada				
(unaffiliated)	19.	Other Countries				
	20.	Totals				
	21.	United States				
Industrial and Miscellaneous and	22.	Canada				
Credit Tenant Loans (unaffiliated)	23.	Other Countries				
	24.	Totals				
Parent, Subsidiaries and Affiliates	25.	Totals				
	26.	Total Bonds	2,774,375	2,774,375	2,779,807	2,800,000
PREFERRED STOCKS	27.	United States				
	28.	Canada				
Public Utilities (unaffiliated)	29.	Other Countries				
	30.	Totals				
	31.	United States				
Banks, Trust and Insurance Companies	32.	Canada				
(unaffiliated)	33.	Other Countries				
	34.	Totals				
	35.	United States				
Industrial and Miscellaneous	36.	Canada				
(unaffiliated)	37.	Other Countries				
(dramidos)	38.	Totals				
Parent. Subsidiaries and Affiliates	39.	Totals				
Taront, Oubsidianes and Anniates	40.					
COMMON STOCKS	Ψ0.					
	11	Total Preferred Stocks				
COMMON STOCKS	41.	United States				
	42.	United States				
	42. 43.	United States Canada Other Countries				
Public Utilities (unaffiliated)	42. 43. 44.	United States Canada Other Countries Totals				
Public Utilities (unaffiliated)	42. 43. 44. 45.	United States Canada Other Countries Totals United States				
Public Utilities (unaffiliated)  Banks, Trust and Insurance Companies	42. 43. 44. 45. 46.	United States Canada Other Countries Totals United States Canada				
Public Utilities (unaffiliated)	42. 43. 44. 45. 46. 47.	United States Canada Other Countries Totals United States Canada Other Countries				
Public Utilities (unaffiliated)  Banks, Trust and Insurance Companies	42. 43. 44. 45. 46. 47. 48.	United States Canada Other Countries Totals United States Canada Other Countries Totals				
Public Utilities (unaffiliated)  Banks, Trust and Insurance Companies (unaffiliated)	42. 43. 44. 45. 46. 47. 48.	United States Canada Other Countries Totals United States Canada Other Countries Totals United States United States United States United States				
Public Utilities (unaffiliated)  Banks, Trust and Insurance Companies	42. 43. 44. 45. 46. 47. 48. 49. 50.	United States Canada Other Countries Totals United States Canada Other Countries Totals				
Public Utilities (unaffiliated)  Banks, Trust and Insurance Companies (unaffiliated)  Industrial and Miscellaneous	42. 43. 44. 45. 46. 47. 48. 49. 50. 51.	United States Canada Other Countries Totals United States Canada Other Countries Totals United States United States United States United States				
Public Utilities (unaffiliated)  Banks, Trust and Insurance Companies (unaffiliated)  Industrial and Miscellaneous	42. 43. 44. 45. 46. 47. 48. 49. 50.	United States Canada Other Countries Totals United States Canada Other Countries Totals United States Canada Other Countries Totals United States Canada				
Public Utilities (unaffiliated)  Banks, Trust and Insurance Companies (unaffiliated)  Industrial and Miscellaneous (unaffiliated)	42. 43. 44. 45. 46. 47. 48. 49. 50. 51.	United States Canada Other Countries Totals United States Canada Other Countries Totals United States Canada Other Countries Totals United States Canada Other Countries				
Public Utilities (unaffiliated)  Banks, Trust and Insurance Companies (unaffiliated)  Industrial and Miscellaneous (unaffiliated)	42. 43. 44. 45. 46. 47. 48. 49. 50. 51.	United States Canada Other Countries Totals				
Public Utilities (unaffiliated)  Banks, Trust and Insurance Companies (unaffiliated)	42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52.	United States Canada Other Countries Totals Totals Totals				

# **SCHEDULE D - Verification Between Years**

## **Bonds and Stocks**

1. Book/adjusted carrying value of bonds and stocks, prior year	2,485,165	7. Amortization of premium	95,321
2. Cost of bonds and stocks acquired, Column 7, Part 3	1,936,408	Foreign Exchange Adjustment:	
3. Accrual of discount		8.1 Column 15, Part 1	
4. Increase (decrease) by adjustment:		8.2 Column 19, Part 2, Section 1	
4.1 Columns 12 - 14, Part 1 (5,432)		8.3 Column 16, Part 2, Section 2	
4.2 Column 15 - 17, Part 2, Section 1		8.4 Column 15, Part 4	
4.3 Column 15, Part 2, Section 2		9. Book/adjusted carrying value at end of current period	2,774,374
4.4 Column 11 - 13, Part 4	(5,432)	10. Total valuation allowance	
5. Total gain (loss), Column 19, Part 4	3,553	11. Subtotal (Lines 9 plus 10)	2,774,374
6. Deduct consideration for bonds and stocks disposed of		12. Total nonadmitted assets	
Column 7, Part 4	1,550,000	13. Statement value of bonds and stocks, current period	2,774,374

# **SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

		Allocated by States and Territories							
		1	2	•		1	iness Only	_	
	State, Etc.	Guaranty Fund (Yes or No)	Is Insurer Licensed (Yes or No)	3 Accident & Health Premiums	4  Medicare  Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Deposit-Type Contract Funds	8 Property/ Casualty Premiums
1.	Alabama (AL)	,	No	1 Territoriis	TIUC AVIII	TILLE XIX		Contract runus	1 Territariis
2.	Alaska (AK)		No						
3.	Arizona (AZ)	No	No						
4.	Arkansas (AR)								
5.	California (CA)								
6.	Colorado (CO)		No						
7. 8.	Connecticut (CT)  Delaware (DE)								
o. 9.	District of Columbia (DC)					32,551,666			
10.	Florida (FL)	1	No						
11.	Georgia (GA)								
12.	Hawaii (HI)								
13.	Idaho (ID)								
14.	Illinois (IL)		No						
15.	Indiana (IN)								
16.	lowa (IA)	1							
17. 18.	Kansas (KS) Kentucky (KY)								
19.	Louisiana (LA)								
20.	Maine (ME)								
21.	Maryland (MD)								
22.	Massachusetts (MA)		No						
23.	Michigan (MI)								
24.	Minnesota (MN)								
25.	Mississippi (MS)		No						
26. 27.	Missouri (MO)  Montana (MT)								
28.	Nebraska (NE)								
29.	Nevada (NV)								
30.	New Hampshire (NH)		No						
31.	New Jersey (NJ)	No	No						
32.	New Mexico (NM)	1							
33.	New York (NY)		No						
34.	North Carolina (NC)		No						
35. 36.	North Dakota (ND) Ohio (OH)								
37.	Oklahoma (OK)								
38.	Oregon (OR)								
39.	Pennsylvania (PA)	No	No						
40.	Rhode Island (RI)								
41.	South Carolina (SC)	No	No						
42.	South Dakota (SD)		No						
43.	Tennessee (TN)								
44. 45.	Texas (TX) Utah (UT)								
45. 46.	Vermont (VT)		No						
47.	Virginia (VA)	1							
48.	Washington (WA)								
49.	West Virginia (WV)	No	No						
50.	Wisconsin (WI)		No						
51.	Wyoming (WY)								
52.	American Samoa (AS)								
53.	Guam (GU) Puerto Rico (PR)								
54. 55.	U.S. Virgin Islands (VI)	1							
56.	Canada (CN)								
57.	Aggregate other alien (OT)								
58.	Subtotal		X X X .			32,551,666			
59.	Reporting entity contributions for								
	Employee Benefit Plans		X X X .						
60.	TOTAL (Direct Business)	X X X .	(a) 1			32,551,666			
	LS OF WRITE-INS	VVV	VVV		T	Ι	Ι	<u> </u>	1
5701 5702		X X X .	X X X .						
5702		X X X .	X X X .						
5798.	Summary of remaining write-ins	^^.							
	for Line 57 from overflow page	X X X .	X X X .						
5799.	TOTALS (Lines 5701 through								
	5703 plus 5798) (Line 57 above)	X X X .	X X X .						

5703 plus 5798) (Line 57 above) ... ... X X X . ... X X X . ... ... X X X . ... ... (a) Insert the number of yes responses except for Canada and Other Alien. Explanation of basis of allocation of premiums by states, etc.:

# **SCHEDULE T - PART 2**

# INTERSTATE COMPACT PRODUCTS - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

	Direct Business only						
		1	2	3	4	5	6
				Disability	Long-Term		
		Life	Annuities	Income	Care		
		(Group and	(Group and	(Group and	(Group and	Deposit-Type	
	States, Etc.	Individual)	Individual)	Individual)	Individual)	Contracts	Totals
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	lowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Canada (CN)						
57.	Aggregate other alien (OT)						
58.	TOTALS						
		1	T	1	1	1	1

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP **PART 1 - ORGANIZATIONAL CHART** 

# HEALTH RIGHT, INC. **OWNERSHIP STRUCTURE**

**Unity Health Care FQHC-501(c)3** 97% (Owner)

**Columbia Road Health Services** FQHC-501(c)3 **3% (Owner)** 

Health Right, Inc. **For Profit HMO**